**PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY.** You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

**V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)** | **OUTFALL NO. SS5**

Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

| 1. POLLUTANT | 2. EFFLUENT | | | | | | | 3. UNITS (specify if blank) | | 4. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value | | b. No of Analyses |
| | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| a. Biochemical Oxygen Demand (BOD) | Waiver | | | | | | | | | | | |
| b. Chemical Oxygen Demand (COD) | Waiver | | | | | | | | | | | |
| c. Total Organic Carbon (TOC) | Waiver | | | | | | | | | | | |
| d. Total Suspended Solids (TSS) | 18 | | | | | | 1 | MG/L | | | | |
| e. Ammonia (as N) | Waiver | | | | | | | | | | | |
| f. Flow (in units of MGD) | VALUE 0.00065 | | VALUE | | VALUE | | 1 | MGD | | VALUE | | |
| g. Temperature (winter) | VALUE 18.3 C | | VALUE | | VALUE | | 1 | °c | | VALUE | | |
| h. Temperature (summer) | VALUE n/a | | VALUE | | VALUE | | | °c | | VALUE | | |
| i. pH | MINIMUM 6.0 | MAXIMUM 9.0 | MINIMUM | MAXIMUM | | | 1 | STANDARD UNITS STD | | | | |

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

| 1. POLLUTANT AND CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | | | | 4. UNITS | | 6. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value (1) Concentration | a. Long-Term Avg Value (2) Mass | b. No. of Analyses |
| a. Bromide (24959-67-9) | | X | | | | | | | | | | | | |
| b. Chloride | | X | | | | | | | | | | | | |
| c. Chlorine, Total Residual | | X | | | | | | | | | | | | |
| d. Color | | X | | | | | | | | | | | | |
| e. Fecal ☐ Coliform Or E.coli ☐ | | X | | | | | | | | | | | | |
| f. Fluoride (16984-48-8) | | X | | | | | | | | | | | | |
| g. Hardness (as $CaCO_3$) | X | | 80.50 | | | | | | 1 | MG/L | | | | |
| h. Nitrate – Nitrite (as N) | | X | | | | | | | | | | | | |
| i. Nitrogen, Total Organic (as N) | | X | | | | | | | | | | | | |
| j. Oil and Grease | | X | | | | | | | | | | | | |
| k. Phosphorous (as P), Total 7723-14-0 | | X | | | | | | | | | | | | |
| l. Radioactivity | | | | | | | | | | | | | | |
| (1) Alpha, Total | | X | | | | | | | | | | | | |
| (2) Beta, Total | | X | | | | | | | | | | | | |
| (3) Radium Total | | X | | | | | | | | | | | | |
| (4) Radium, 226, Total | | X | | | | | | | | | | | | |
| (5) Strontium-90, Total | | X | | | | | | | | | | | | |
| (6 Uranium | | X | | | | | | | | | | | | |

**Part B - Continued**

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg. Value (1) Concentration | a. Long-Term Avg. Value (2) Mass | b. No. of Analyses |
| m. Sulfate (as $SO_4$) (14808-79-8) | X | | 96 | | | | | | 1 | MG/L | | | | |
| n. Sulfide (as S) | | X | | | | | | | | | | | | |
| o. Sulfite (as $SO_4$) (14286-46-3) | | X | | | | | | | | | | | | |
| p. Surfactants | | X | | | | | | | | | | | | |
| q. Aluminum, Total (7429-90) | X | | 521 | | | | | | 1 | UG/L | | | | |
| r. Barium, Total (7440-39-3) | | X | | | | | | | | | | | | |
| s. Boron, Total (7440-42-8) | | X | | | | | | | | | | | | |
| t. Cobalt, Total (7440-48-4) | | X | | | | | | | | | | | | |
| u. Iron, Total (7439-89-6) | X | | 0.892 | | | | | | 1 | MG/L | | | | |
| v. Magnesium Total (7439-96-4) | | X | | | | | | | | | | | | |
| w. Molybdenum Total (7439-98-7) | | X | | | | | | | | | | | | |
| x. Manganese, Total (7439-96-6) | X | | 188 | | | | | | 1 | UG/L | | | | |
| y. Tin, Total (7440-31-5) | | X | | | | | | | | | | | | |
| z. Titanium, Total (7440-32-6) | | X | | | | | | | | | | | | |

**Part C –** If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X: in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value | | b. Maximum 30-Day Value (if available) | | c. Long-Term Avg. Value (if available) | | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value | | b. No. of Analyses |
| | | | | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | (1) Concentration | (2) Mass | | | | (1) Concentration | (2) Mass | |
| **METALS, CYANIDE AND TOTAL PHENOLS** | | | | | | | | | | | | | | | |
| 1M. Antimony Total (7440-36-0) | X | X | | 0.08 | | | | | | 1 | UG/L | | | | |
| 2M. Arsenic, Total (7440-38-2) | X | X | | 0.7 | | | | | | 1 | UG/L | | | | |
| 3M. Beryllium Total (7440-41-7) | X | X | | ND | | | | | | 1 | UG/L | | | | |
| 4M. Cadmium Total (7440-43-9) | X | X | | ND | | | | | | 1 | UG/L | | | | |
| 5M. Chromium Total (7440-43-9) | X | X | | 0.848 | | | | | | 1 | UG/L | | | | |
| 6M. Copper Total (7550-50-8) | X | X | | 1.5 | | | | | | 1 | UG/L | | | | |
| 7M. Lead Total (7439-92-1) | X | X | | 0.617 | | | | | | 1 | UG/L | | | | |
| 8M. Mercury Total (7439-97-6) | X | X | | <0.0002 | | | | | | 1 | MG/L | | | | |
| 9M. Nickel, Total (7440-02-0) | X | X | | 8.85 | | | | | | 1 | UG/L | | | | |
| 10M. Selenium, Total (7782-49-2) | X | X | | 5.22 | | | | | | 1 | UG/L | | | | |
| 11M. Silver, Total (7440-28-0) | X | X | | ND | | | | | | 1 | UG/L | | | | |

**Part C – Continued**

| 1. POLLUTANT And CAS NO. (if available) | 2. MARK "X" | | | 3. EFFLUENT | | | | | | | 4. UNITS | | 5. INTAKE (optional) | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | a. Testing Required | a. Believed Present | b. Believed Absent | a. Maximum Daily Value (1) Concentration | a. Maximum Daily Value (2) Mass | b. Maximum 30-Day Value (if available) (1) Concentration | b. Maximum 30-Day Value (if available) (2) Mass | c. Long-Term Avg. Value (if available) (1) Concentration | c. Long-Term Avg. Value (if available) (2) Mass | d. No. of Analyses | a. Concentration | b. Mass | a. Long-Term Avg Value (1) Concentration | a. Long-Term Avg Value (2) Mass | b. No. of Analyses |
| **METALS, CYANIDE AND TOTAL PHENOLS (Continued)** | | | | | | | | | | | | | | | |
| 12M. Thallium, Total (7440-28-0) | X | X | | 0.023 | | | | | | 1 | UG/L | | | | |
| 13M. Zinc, Total (7440-66-6) | X | X | | 7.47 | | | | | | 1 | UG/L | | | | |
| 14M. Cyanide, Total (57-12-5) | X | X | | <0.004 | | | | | | 1 | MG/L | | | | |
| 15M. Phenols, Total | X | X | | <0.004 | | | | | | 1 | MG/L | | | | |
| **DIOXIN** | | | | | | | | | | | | | | | |
| 2,3,7,8 Tetra-chlorodibenzo, P, Dioxin (1784-01-6) | | | X | DESCRIBE RESULTS: | | | | | | | | | | | |
| **GC/MS FRACTION – VOLATILE COMPOUNDS** | | | | | | | | | | | | | | | |
| 1V. Acrolein (107-02-8) | | | X | | | | | | | | | | | | |
| 2V. Acrylonitrile (107-13-1) | | | X | | | | | | | | | | | | |
| 3V. Benzene (71-43-2) | | | X | | | | | | | | | | | | |
| 5V. Bromoform (75-25-2) | | | X | | | | | | | | | | | | |
| 6V. Carbon Tetrachloride (56-23-5) | | | X | | | | | | | | | | | | |
| 7V. Chloro-benzene (108-90-7) | | | X | | | | | | | | | | | | |
| 8V. Chlorodibro-momethane (124-48-1) | | | X | | | | | | | | | | | | |